

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**#FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # J48543

(9)

95 FEB -7 PM 2: 39

1. Corporation Name

HOMISCO REALTY, INC.

Principal Place of Business

Mailing Address

**HONIGMAN MILLER SCHWARTZ AND COHN
222 LAKEVIEW AVE., 800
W PALM BEACH FL 33401
US**

**HONIGMAN MILLER SCHWARTZ AND COHN
222 LAKEVIEW AVE., 800
W PALM BEACH FL 33401
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/23/1986

3a. Date of Last Report
02/03/1994

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOMISCO INCORPORATION, INC.
HONIGMAN MILLER SCHWARTZ AND COHN
222 LAKEVIEW AVE, SUITE 800
WEST PALM BEACH FL 33401**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
ROSEN, MARVIN S.
222 LAKEVIEW AVE., 800
W PALM BEACH FL**

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
33401

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
PARSON, STEVEN R
222 LAKEVIEW AVE, 800
W PALM BCH FL**

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
33401

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
SCHWARZBERG, STEVEN L.
222 LAKEVIEW AVE , 800
W PALM BEACH FL**

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
33401

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marvin S. Rosen Marvin S. Rosen, Director

(407) 838-4500

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

(Date)

(Telephone Number)